Sheiling School Thornbury

PROMOTING POSITIVE BEHAVIOUR IN SCHOOL POLICY

1. INTRODUCTION, STATEMENT & AIMS

This policy describes the core values of the Sheiling School in looking after the children and young people in its care. The Sheiling School aims to provide a comfortable and pleasant learning environment where children and young people can positively grow and develop. The Head Teacher, Head of Care and Head of Therapeutic Support are co- responsible for good practice within the School including the keeping of appropriate records.

As a school we believe it is important to promote a caring and supportive learning environment, which encourages good behaviour and enables all members of the school community to feel safe and respected.

The development of personal qualities and social skills and the fostering of socially acceptable behaviour are integral aspects of the school curriculum and therefore demand effort and planning.

The Sheiling School is committed to:

- Setting high expectations for children and young people's personal, social and academic progress
- Providing a happy, caring environment in which our children and young people feel secure and are prepared for life outside school
- The promotion of a positive ethos where a child and young person's achievements are valued and celebrated
- An effective partnership between the Sheiling School, parents/guardians and the community

It is the responsibility of each member of staff involved with the children and young people in the School to:

- Promote each child and young person's self- image and dignity.
- Enable each young person to develop as fully as possible.
- Encourage each child and young person's communication skills.
- Provide a safe and secure environment.
- Be aware of the Schools safeguarding policies and take action where necessary.
- Ensure that the School's Policies are followed at all times.

This policy, our practice and training are in compliance with:

- The Children's Home (England) Regulations 2015
- Children's Views on Restraint (Ofsted, 2012)
- Care Act 2014
- The Children Act 1989
- The Education Act 2011
- Health & Safety at Work Act 1974
- Mental Capacity Act Code of Practice
- Use of Reasonable Force Guidance (2013)

- School Discipline/ Exclusions
- Guidance on searching, screening and confiscation in schools
- Positive environments where children can flourish A guide for inspectors about physical intervention and restrictions of liberty
- Mental Health & Behaviour in Schools
- No Secrets: guidance on protecting vulnerable adults in care
- Preventing and tackling bullying 2017
- Guide to the Children's Home Regulations including the Quality Standards (April 2015)
- Keeping Children Safe In Education 2019
- Working Together to Safeguard Children 2018

The following research and books published by BILD have also been used to write this policy:

- BILD Restraint Reduction Network (RRN) Training Standards 2019 first edition; James Ridley; Sarah Leitch
- Ethical Approaches to Physical Intervention vol. 1 & 2, edited by David Allen.
- Positive Behaviour Support, A Brief Guide for Schools, by Mark Wakefield
- Physical Interventions and the Law, by Professor Christina M Lyon and Alexandra Pimor
- Framework for Reducing Restrictive Practices, Sharon Paley-Wakefield

This policy should also be read in conjunction with the following Sheiling School policies:

- Child Protection Policy
- Adult Protection Policy
- Anti- Bullying Policy
- Online Safety Policy
- Acceptable Use Policy
- Whistleblowing Policy
- Promoting Positive Behaviour in the Houses Policy
- Staff Code of Conduct
- School Absence and Attendance Policy
- Health & Safety Policy

2. WORKING WITH CHILDREN AND YOUNG PEOPLE WITH CHALLENGING BEHAVIOUR

The Sheiling School provides care and education to a variety of children and young people with a range of complex needs and learning disabilities- many of whom express this through a number of complex behaviours which can include verbal and physical aggression as well as other behaviours that may be classed as "concern" behaviours.
Some children and young people come to the Sheiling School with life- experiences that have left a traumatising impact on them, which may have deeply affected their self-esteem and where they may come to the school with a negative view of themselves, others and the world around them.
This can sometimes manifest itself through challenging behaviours which they can exhibit towards themselves and others- oftentimes as a form of communication to express their anxieties.

Challenging behaviours are often exhibited as a form of generating attention from others as to the level of distress they are in at that moment; in many cases they may be aware that such challenging behaviours generate a reaction in those around them which when they are in crisis will maximise the attention they are seeking to generate.
(For further information on types of challenging behaviour please see 8.1 Appendix 1 for details)

It is essential that the approach to working with challenging behaviour is matched to the individual child and young person's level of understanding and ability. This requires staff teams to discuss and plan appropriate, helpful approaches to individuals within each group. These are then identified in each child and young person's Placement Plan information and more specifically in the child and young person's plan for Positive Behaviour Support.

It is important to always keep in mind that when working with challenging behaviour, interventions of any nature should be: **in the best interests of the child or young person, reasonable, proportionate and necessary.** The following should provide a foundation to our practice with working together with children and young people in the Sheiling School-setting.

2.1 Basic Strategies:

- Get to know each child/ young person well: a strong and positive relationship based on trust, warmth and respect is one of the most effective preventative measures- know the content of their placement plan information- especially their plans on Positive Behaviour Support.
- Involve the child/ young person where possible: in decisions about their support and about reasonable limits appropriate to each child/ young person's age and understanding.
- Teach by Example: model respect for the children and young people and for each other in all of our work.
- Encourage age appropriate behaviour: notice and respond when children and young people are being helpful or constructive, friendly or simply quiet and co-operative.
- Be Consistent: all members of staff should strive to maintain limits/ boundaries within the team and find out about the limits the child/ young person is used to at home and elsewhere.
- Be clear: Children and young people need to be aware of what is expected of them in terms of their behaviour and responsibilities. Difficulties often occur when expectations are unclear or unreasonable.
- Work as a Team: collaborative practice with colleagues in your team to create cohesion in order to avoid unnecessary conflict and engage in ways that help the child/ young person develop.
- Praise and positively reinforce behaviour whenever possible: Promote positive behaviour through feedback, celebrations and rewards such as special activities, certificates etc.

3. POSITIVE BEHAVIOUR SUPPORT

At the Sheiling School, **Positive Behaviour Support** describes a broad spectrum of risk reduction strategies. Positive Behaviour Support is a holistic approach involving policy, guidance, training, reflective practice, management of the environment, and deployment of staff. It also involves personal behaviour, diversion and de-escalation. The Positive Handling Plan, at the Sheiling School is referred to as the **Positive Behaviour Support Risk Assessment Plan (PBSRA)**, and is a plan for the positive support, risk assessment, reduction and management of children and young people who can exhibit challenging behaviour. The Plan is based on an individual risk assessment and identifies three crucial elements: primary preventative strategies, secondary preventative strategies and responsive strategies for each child/ young person.
Risk identification that is based on the individual child/ young person's biography, additional needs and emotional, social and environmental triggers that can lead to behaviours that may pose a hazard for the individual as well as others.
Primary prevention is the most important of these as it concerns the implementation of both short and longer-term strategies that help the young person behave in non-challenging ways and are therefore concerned with behaviour change.
Secondary prevention and responsive strategies describe methods of responding to behavioural challenges once they occur and are therefore concerned with behaviour support and management.

The Positive Behaviour Support & Risk Assessment Plan

The aim of the Positive Behaviour Support Plan & Risk Assessment Plan is:

- To provide staff members with detailed guidelines for working with children and young people which will maintain levels of challenging behaviours at a minimum and keep children and young people safe.
- To enhance the consistency of the staff team's approach to children and young people by providing a clear statement of procedures, which staff members will follow, thereby reducing the number of situations in which staff members will be required to make individual judgments about appropriate courses of action.
- Reduce the chances of children and young people displaying behaviours that challenge.
- Have a clear plan for children and young people to calm if they become unsettled.
- Help staff members to understand what makes children and young people unsettled and/or challenging and how they should respond.
- To reduce the use of physical interventions.

The Positive Behaviour Support & Risk Assessment Plan (PBSRA Plan), when required, will be developed by a multi-disciplinary team and agreed with the child/ young person (where appropriate), the Local Authority and the child/ young person's parents/ primary guardians. It is developed before a child/ young person joins the school and reviewed monthly during the first three months and termly thereafter.

The following guidelines are complemented by the Positive Behaviour Support & Risk Assessment Plans, as each child/ young person needs an individual approach that meets his/her particular needs.

Staff members must read the children and young people's PBSRA Plans regularly to ensure they have a very good understanding of the agreed strategies, the triggers, the risks and the agreed holds.

Any changes in behaviour will trigger a review of the PBSRA Plan and staff members are responsible for updating the PBSRA Plans to reflect any changes including:

- New identified risks/ hazards
- Recent positive changes
- New challenging behaviours displayed
- Increases or decreases in a particular behaviour being displayed
- New triggers and/ or New de- escalation strategies
- Changes to the physical intervention techniques agreed

Primary prevention strategy – Being proactive

Primary prevention involves changing aspects of a child/ young person's living, working and recreational environments so that the possibility of challenging behaviour occurring is reduced.
The children and young people may be able to directly help to compile these strategies. Their response to the strategies will be regularly assessed in order to change aspects as and when required and as agreed by the support team.
The primary prevention strategies will be reviewed regularly.

Do's

⇒ Be aware of not invading children and young people' personal space and them yours. Keep at least an arm and a half distance between you.
⇒ Be aware of proxemics. i.e. personal zones – children and young people will feel more uneasy if you were to talk to them face to face rather than to the side or sitting next to them.
⇒ Be aware of any early signs of children and young people moving off baseline behaviour.
⇒ Be aware of their body language as well other verbal interaction.
⇒ Respond in a neutral manner to their body language if in any doubt.
⇒ If it becomes evident that a child/ young person is getting tenser then increase your personal space as much as possible.
⇒ Be respectful.
⇒ Be patient.
⇒ Be consistent.
⇒ Speak clearly and in a calm voice.

Don'ts

⇒ Do not try to reason with the children and young people when off baseline behaviour – give them space and time to calm down, they will, and then check whether it is the right time to have a conversation if appropriate
⇒ Don't look to having the last word.
⇒ Don't give the children and young people too many instructions. Give them time to work things out.
⇒ Don't confront them if it is not necessary.
⇒ All verbal communication should be clear (i.e. do not talk too fast). You may need to ask if they understand what has been said to them and/or use other forms of visual communication, signing as appropriate to their needs.

Secondary prevention strategy – De-escalation

Secondary Prevention involves strategies that are brought into play once a child/ young person's behaviour begins to move away from baseline conditions.

The aim of secondary prevention is to stop incidents progressing into full-blown episodes of challenging behaviour by intervening early.
Although children and young people' mood can change often quite suddenly, some early indicators are likely to be present. These behaviours can eventually result in children and young people engaging in behaviours such as: swearing and aggression.

Staff members should respond to these early indicators when children and young people are moving away from baseline behaviour and seek to prevent their behaviour from escalating.

De-escalation Techniques

- Go with them to a quiet peaceful place (with little sensory input) or outside with a trusted person.
- Reassure them with calming words / demeanour
- Give them time to calm down in this peaceful place
- Eliminate source of anxiety if possible
- Give them time to adjust to changes
- Keep others out of their physical space
- Make sure they are engaged in activities they like and understand
- Use appropriate humour
- Remind them of the possible outcomes of their behaviour (i.e. if they break their favourite toy, they will be upset afterwards).
- Give them a clear description of the positive behaviour they need to come back to.
- Swap with another staff member.
- Give a limited choice of clear options.
- Use distraction (i.e. start engaging yourself in an activity which usually interests them).
- Negotiate with them – discuss the positive outcomes if they change their behaviour.
- Give advice and support – remind them of the positive outcome of a previous similar situation.

- Use planned ignoring – when the purpose of the behaviour is to seek attention.

In some situations, when the behaviour displayed is caused by the child/ young person wanting something that they cannot have, then 'giving in' may be the best option as, if the child/ young person's behaviour escalates, it may not be in the best interest of the child/ young person to use physical intervention after assessing the level of risk involved. 'Giving in' cannot be a frequent response especially for similar situations. Communication, using visual cues and agreement on expected behaviour during a particular activity is crucial here (i.e. when going to a supermarket).

Staff members need to be very consistent with following the strategies. Children and young people will become more secure when they have clear boundaries.

Making a list of the activities they like is very important. These activities can be for example: listening to music, having a warm drink, going for walks, etc.

If help is needed, unobtrusively seek support from a colleague by calling their name.

Responsive strategy

Responsive strategies provide clear instructions to respond safely, positively and efficiently to behaviours that cannot be prevented in order to safeguard the child/ young person, other people or prevent significant damage to property.

Calm and positive language needs to be used when children and young people become aggressive.

1. On the first signs of difficult behaviour give the young person as much space as possible.
2. Go with them to a quiet peaceful place with a **trusted staff member if possible**, and:
    - Reassure them with calming words / demeanour
    - Give them time to calm down in this peaceful place
    - Eliminate source of anxiety if possible
    - Keep others out of their physical space
    - "Bombarding" them with questions will not help at this stage. If you know what is upsetting them you can hopefully help them by removing the cause and/or reassuring them.
    - Continue using all the de-escalation techniques as described above.
3. If there is no improvement then:

A dynamic risk assessment needs to be carried out to determine what level of risk is presented through any challenging behaviours exhibited and whether any risk of harm to people (including the young person displaying the behaviours) or significant damage to the environment is imminent. Physical intervention may need to be used by trained staff if the

child/ young person becomes aggressive and out of control and needs to be escorted out of a dangerous or potentially dangerous environment or away from other children and young people or members of the public. **Physical intervention needs to be a reasonable, necessary and proportionate response** (*see section on Physical Intervention below*).

To reduce the risk(s) associated with the child/ young person's challenging behaviours staff are to:

- Maintain their distance from the child/ young person and increase personal space if safe to do so and monitor for increased risk.
- Should the child/ young person engage in aggressive behaviour etc. then staff members may need to physically intervene using approved techniques starting with breakaway techniques to remove themselves from them as described in each child/ young person's PBS Plan.
- If other children and young people are in the vicinity ask them to leave the area or if necessary, accompany them away from the area.
- If they have focused on one staff member and are attacking them or grabbing at them, then they need to use the appropriate breakaway technique or if they are unable to use the breakaway, other staff members need to assist (See PBS Plans for more information).
- Should the child/ young person take him/ herself to the ground: Unless their behaviour is potentially dangerous to the people around them, **do not** attempt to physically intervene and escort them out of the room. In any case, **never lift the child/ young person** unless they are in danger. Remove the objects that can be thrown from the environment. Wait until they cooperate.

When calm, after the recovery period, which can vary depending on the child/ young person and the circumstances but can last as long as 2 hours, explain clearly and calmly the rules they will need to observe once they join the activity again (e.g. be calm, etc). Then ask them if they are ready to join the activity again. Do not put pressure on them to join again as this may be the trigger. Be aware of their body language as if they are still restless they should wait until calm. This should be done in a very friendly and uplifting way.

If possible, involve them with repairing the physical damage they have done.
If you have physically intervened you will need to inform a senior member of staff. You will also need to record the incident within 24 hours. A debriefing session with the staff present as well as the Senior Manager should take place to review what happened, any identified factors that may have caused the behaviour to escalate, staff's graded responses to de- escalate the behaviours, the dynamic risk assessment carried out by staff involved that determined the need for proportionate physical intervention and whether this helped to ultimately keep people safe and bring the incident to a satisfactory conclusion and what staff learned from the incident that may inform future practice to avoid the potential from a similar situation to lead into crisis behaviours.

3.5 Supporting children and young people who use discriminatory language towards others as part of crisis behaviours

As part of a range of challenging behaviours that some children and young people exhibit whilst in crisis, part of this "toolbox" of challenging behaviours can be using discriminatory language towards others. This can include using racist, trans/homophobic, misogynistic and other forms of discriminatory language towards staff peers and others.
In most cases, when this occurs, the children and young people often do not understand the deeply offensive/ anti- social and potentially abusive context of these behaviours; they are often simply aware that these behaviours generate a reaction from those/ others to whom they exhibit them whilst in crisis. Conversely, it is also an expression of significant vulnerability as it puts both those children/ young people and others at risk in the wider social environment.
As part of our Positive Behaviour Support approach to supporting children and young people who exhibit these and other behaviours, we focus on "seeing through the behaviours" to establish what the underlying cause of the behaviour might be as well as the function the behaviour might serve in the context.
We also then focus on reinforcing positive behaviour responses which will help form positive experiences for the individual which serves overtime to "re- wire" these negative behavioural responses in social situations with more positive socially appropriate responses- including helping the individual to tune into her/ his emotional state to learn to use effective communication of needs/ anxieties instead of using negative behaviours to communicate this.
For further information on our procedures in school to address verbal discriminatory language exhibited from children and young people *see 8.4 Appendix 4 for further details.*

4. PHYSICAL INTERVENTION

Principles

All staff members are required to follow the following principles:

- It is essential that staff members, when managing difficult situations, remain objective and calm.
- It is important to listen and respond quietly. One person should take the lead to manage a situation. Too much information (sensory input) can be confusing for our children and young people.
- Staff members need to remain flexible in order to find a solution as it is our responsibility to find a resolution where children and young people might not be able to.
- Always maintain positive attitudes that are constructive.
- Give time to respond to your requests.

Although some of our children and young people may display behaviours that challenge, physical intervention should only be used:

- To prevent the child/ young person from harming himself/herself
- To prevent the child/ young person from injuring others
- To prevent children and young people causing significant damage to property

As a school we endorse the Positive Behaviour Support (PBS) approach and use Team Teach de- escalation strategies. Team Teach does **not** include physical techniques which rely on locks or holds which cause pain, distress or significant risk of injury to the person being held.

However, there may in some cases, be the risk of injury and/or discomfort to those involved, but this is not always evidence of malpractice: "Team-Teach techniques seek to avoid injury to the client, but it is possible that bruising or scratching may occur accidentally, and these are not to be seen necessarily as a failure of professional technique, but rather a regrettable and infrequent side effect of attempts to keep people safe." (George Matthews, Founder and Chairman of Team Teach)

Any injury sustained by a child/ young person must be reported to a member of the Safeguarding Team immediately. The Designated Safeguarding Lead or member of the Safeguarding Team contacted will then contact the Local Authority Designated Officer (LADO) responsible for safeguarding for guidance.

In any case, where there is evidence, or suspicion of malpractice, staff members should refer to the school's Safeguarding Policies. This approach promotes all strategies for managing challenging behaviour with physical intervention being necessary as 'a last resort'.

From the Children's Views on Restraint document produced by Ofsted:

"The law (the Children's Homes Regulations) says that restraint should only be used if there is no alternative way to prevent someone being injured or property being seriously damaged.

Overall, children in our discussion groups agreed that restraint should usually be used as a last resort. Every group said that staff should always try to calm things down before things get so bad that restraint is needed. Some did however say that in very dangerous situations, it was important to use restraint straight away without waiting or trying other things first – for example if a child is carrying a weapon or to break up a very serious fight, or if a child is in danger of immediate injury (as in the example of going to jump from a window)."

*Please read **Children's Views on Restraint** document reported by the Children's Rights Director for England and produced by Ofsted 2012.*

Positive Behaviour Support Training

The School uses Team-Teach to provide Positive Behaviour Support (PBS) training, which includes physical intervention training in safe, effective and humane physical intervention.

"**Team-Teach** provides training to staff groups in children's and adult services and Health Care Trusts in behaviour supports and interventions. The training combines both theory and practice, emphasising the need for staff to show restraint rather than apply it! Providing a risk assessment structure to the selection of physical interventions that best allow the employer to provide a risk reduced workplace for service users and staff."

The School has two on site Team-Teach tutors to provide training, give advice and respond to staff members' questions. Any advice on modifying holds or on new holds or techniques will be referred to Team-Teach who provide a consultancy service. We aim to provide Team-Teach training to all staff supporting children and young people.

Deciding whether to use Restrictive Physical Interventions and Risk Assessment

Before using Physical Intervention, consider these seven points:

- **Listening / Communication:** Did you listen, read the signs, picked up cues, and give prompts rather than hurry to give advice? Did you communicate effectively using objects, signs, symbols or speech and did you give them an opportunity to communicate?
- **Interaction / Choice:** Did you consider /could you offer a change of staff? Did you offer another activity and encourage the young person to choose?
- **Environment:** Did you offer a change of location or setting e.g.: a smaller, larger or quieter space? Did you adapt the environment?
- **Physical Needs:** Did you consider thirst, hunger, pain, heat, cold, tiredness, need for the toilet or illness?
- **Calming:** Did you use verbal and non-verbal calming i.e. reflection, reassurance, re direction, incentive and encouragement?
- **Sensitivity:** Did you help to restore the individual's confidence and dignity by being sensitive and not confrontational?
- **Therapeutic approach:** Did you consider /offer music, bath, rest, walk, weighted blanket/ garment, therapeutic sensory integration touch?

Both challenging behaviour and restrictive physical interventions will involve a risk – to both staff and children and young people. A risk assessment aims to balance these risks. The aim of the individual child/ young person's Positive Behaviour Support Plan and of this policy is to reduce the risks associated with children and young people's challenging behaviour as far as is reasonably practicable – the risks that are associated with the behaviour itself and the risk of managing that behaviour. **The risks of employing an intervention should be lower than the risks of not doing so.**
Children and young people whose challenging behaviour may pose a risk to staff or other children and young people will be the subject of a Risk Assessment and will have a Positive Behaviour Support Plan drawn up as a result of this. These will be shared with all staff and stored in a children and young people' Placement Plan.
All staff authorised to use physical intervention with children and young people, receive training in Team-Teach techniques and as part of this receive information about the risk to children and young people of positional asphyxia. There are very clear protocols delivered during training to minimise the possibility of this and to ensure that appropriate safeguards are implemented.

Please read Guidance on Restrictive Physical Intervention for further details (See 8.2 Appendix 2 for further details).

Ground Recovery on the Back

Due to the extremely challenging nature of the behaviour of a very small number of children and young people in the school, it may be necessary for these children and young people to have the Team-Teach Ground Recovery on the Back Hold written into their Positive Behaviour Support Plans. This is a Team Teach advanced technique and carries elevated levels of risk. As a result, this is only considered as a possibility if a comprehensive risk assessment indicates that there is a foreseeable risk of injury due to a child/ young person's behaviour if their behaviour cannot be managed in any other way. There are very clear and strict safeguards for these circumstances and a multi-disciplinary meeting would be called prior to a ground hold being advised for a child/ young person. This technique would not be part of a planned response without consultation with parents/carers. Without parental support for the planned intervention, other options would need to be explored- including whether an alternative provision may need to be found. Staff who may need to use this advanced technique would receive additional advanced Team Teach training.

Please read Guidance on the use of the Ground Recovery on the Back for further details (See 8.3 Appendix 3 for further details).

Planned and unplanned/emergency physical intervention

It is helpful to distinguish between planned intervention, in which staff employ where necessary, reasonable and appropriate pre-arranged strategies and methods which are described in the child/ young persons' PBS Plan, and emergency or unplanned physical intervention which occurs in response to unforeseen events.

The scale and nature of any physical intervention must be proportionate to both the behaviour of the child/ young person and the nature of the harm they might cause. These judgments have to be made at the time, taking due account of all the circumstances, including any known history of other events involving the child/ young person. The minimum necessary force should be used. The existence of a Positive Behaviour Support Plan is not an indication that physical intervention should be used – it is only a precaution following risk assessment. This allows training and planning to deal with a situation which is foreseeable.

Any use of physical intervention must only be decided on as the chosen course of action if necessary, reasonable and proportionate in the particular circumstances and when all alternatives have been tried and found to be unsuccessful.

Unplanned or emergency intervention may be necessary when a child/ young person behaves in an unexpected way. In such circumstances, members of staff retain their duty of care to act in the best interest of the child/young person and any response must be proportionate to the circumstances. Staff members should use the minimum force necessary to prevent injury and maintain safety, consistent with appropriate training they have received. The incident must be reported and will be reviewed so as to understand the situation and triggers and to plan to avoid a similar situation arising in future. If necessary, planning and training will take place to provide the safest available physical intervention if a similar event is foreseeable.

Is it Physical Intervention? Does it need to be recorded?

Personal Safety and Break- away Responses
These are responses that are purely used to aid in or maintain the personal safety of staff and others when a person is targeted with aggressive behaviour. They are purely defensive in nature and are designed to be used in a graded manner following a dynamic risk assessment; these include responses to hair, clothing, biting, chokes and body- holds for the sole purpose of disengaging from physically aggressive behaviour. Such responses coupled with the behaviour exhibited may need to be recorded as part of an incident.

Physical Support and Guidance
This may be used to divert a young person from a destructive or disruptive action, for example guiding or leading a child/ young person by the hand, arm, elbow or shoulder where the child/ young person is cooperative. In Team Teach these are referred to as low level or "Friendly" holds such as a "Caring C" on an elbow or a "Help Hug" to provide reassurance and positive support.
These techniques cannot be emphasised enough and in the hands of a skilful practitioner many children and young people can be deflected from a potentially volatile situation into a less confrontational situation i.e. it may be possible to "defuse" a situation by a timely intervention. This type of intervention does not need to be recorded provided it is used as intended where the degree of physical support is not deemed more restrictive in nature.

Physical Intervention/Restrictive Physical Intervention/Restraint
This will involve the use of reasonable force when there is an immediate risk to children and young people, staff or property. **All such incidents must be recorded within 24 hours.** If anyone is injured an accident/injury report must also be completed.

The level of compliance from the child/ young person determines whether or not the interaction is an intervention of physical guidance or a physical intervention/restraint.

Restraint is defined by Team-Teach as the positive application of force by staff, in order to overcome rigorous resistance, completely directing, deciding and controlling a person's free movement.

Health and Safety and Legality of Physical Interventions

Use of physical intervention may give rise to an action in civil law for damages if it results in injury, including psychological trauma, to the person concerned. It must therefore be a necessary, reasonable and proportionate response taken in the best interest of the child/ young person.

Under health and safety legislation, employers are responsible for the health safety and welfare of employees and the health and safety of persons not in employment, including the children and young people and visitors.

The School will assess risks to both employees and children and young people arising from work activities, including the use of physical interventions. The School will establish and monitor safe systems of work and ensure that employees are adequately trained.

The School will ensure that all employees, including bank and agency staff, have access to appropriate information to meet the needs of the children and young people they are working with, having regard to confidentiality of the children and young peoples' personal information.

Restrictive physical interventions will employ the minimum reasonable force required to prevent injury or avert serious damage to property. The intervention must be of the minimum duration and the degree of restriction will be “gradiented” - reducing as the situation returns to baseline behaviour.
Staff members must use the methods of restrictive physical intervention for which they have received training whilst working at the Sheiling School.

Under the Health and Safety at Work Act 1974, employees have a responsibility to report any circumstances which give rise to an increased risk to their Health and Safety.
Staff who have, or acquire, permanently or temporarily, any medical condition that may impact on their ability to carry out the strategies agreed in the child/ young persons’ Positive Behaviour Support Plans, have a duty to report this to their line manager immediately as there may be an impact on their own safety and that of colleagues and/or children and young people.

Post-Incident Support

Physical techniques are not used in isolation and the School is committed to ensuring that as a result of incidents learning opportunities are created for children and young people that allow them to ‘own’ and take responsibility for their behaviour at a level appropriate to their stage of development, and for staff to review practice and effectiveness of the approach.

Whilst the physical techniques are intended to reduce risk, there is always risk when two or more people engage to use force to keep children and young people safe. In addition procedures are in place to ensure that appropriate support is provided for staff and that following an incident child/young person and staff relationships are rebuilt and repaired to ensure that a positive learning environment is maintained.

Debriefing

Following an incident in which restrictive physical interventions are employed, both staff and children and young people should be given separate opportunities to talk about what happened in a calm and safe environment. Debrief sessions should only take place when those involved have recovered their calm. Debrief sessions should be designed to discover exactly what happened and the effects on the participants. They should not be used to apportion blame or to punish those involved. If there is any reason to suspect that a child/young person or a member of staff has experienced injury or severe distress following the use of a physical intervention, they should receive prompt medical attention.

If an in-depth debrief session is needed following a serious incident or an incident where an injury occurred, the Head of Therapeutic Support or members of the Education and Care leadership teams will coordinate a **Post incident Review** during which the following questions will be asked:

- **Listening / Communication:** Did you listen, read the signs, picked up cues, and give prompts rather than hurry to give advice? Did you communicate effectively using objects, signs, symbols or speech and did you give them an opportunity to communicate?
- **Interaction / Choice:** Did you consider /could you offer a change of staff? Did you offer another activity and encourage the young person to choose?
- **Environment:** Did you offer a change of location or setting e.g.: a smaller, larger or quieter space? Did you adapt the environment?
- **Physical Needs:** Did you consider thirst, hunger, pain, heat, cold, tiredness, need for the toilet or illness?
- **Calming:** Did you use verbal and non-verbal calming i.e. reflection, reassurance, re direction, incentive and encouragement?
- **Sensitivity:** Did you help to restore the individual's confidence and dignity by being sensitive and not confrontational?
- **Therapeutic approach:** Did you consider /offer music, bath, rest, walk, weighted blanket or / garment, therapeutic sensory integration touch?

Debrief sessions and Post Incident Reviews need to be recorded and attached to the incident record.

Additional Pastoral support for pupils/ young people: The school has a strong culture of encouraging the pupils and young people to appropriately communicate and express any worries, fears or issues they may have to dedicated support staff. As part of this process, where pupils have experienced support arising from episodes of behavioural difficulty, pupils and young people are actively supported by staff to share any views, experiences and feedback of the support they have received and to work together with peers and staff to find positive means for resolution of difficulties that can be transformed into positive learning opportunities for all involved. To assist with this, the staff team provide regular spaces to engage with individual pupils/ young people to hear any worries or issues they may have, where in some cases- together with support from the pupil/ young person's multi- agency team, additional professional pastoral support may be given to help the pupil/ young person work through any particular identified areas for further learning and development.

Additional Pastoral support for staff: All school staff are likewise encouraged to actively reflect and share with colleagues about their experiences in the work- environment and aided to recognise that seeking support from colleagues is a professional strength- not a weakness. Conversely, if staff encounter challenging experiences related to the support and practice with pupils/ young people or likewise difficult experiences related to working with colleagues they are urged to seek advice and support from their line- managers or from designated colleagues who can provide additional pastoral support- either through performance- related support and mentoring or sign- posting to additional in- house counselling- support or to external support services.

Monitoring, Recording and Evaluating

The named person for the monitoring of behaviour is the Head of Therapeutic Support. Incidents will be monitored regularly and a report will be written by the Head of Therapeutic Support and the school PBS administrative Team to show trends, etc., as

necessary. This is discussed at Care and Education staff meetings. Senior staff members are responsible for monitoring and evaluating practice in day- to-day situations and will use this monitoring as the basis for future training. Should poor practice be observed they will report this to the Head of Therapeutic Support and directly to the person involved. The Head of Therapeutic Support will ensure advanced modules are planned and delivered to those staff that need them. The Head of Therapeutic Support, Head Teacher and Head of Care are responsible for reporting to the School CEO any incidents where ground floor recovery has been used.

Equal Opportunities

The school is committed to working towards equal opportunities for all regardless of their race, gender, disability or social background. When engaged in any physical intervention it will be essential to ensure that the restriction of movement is carried out in a dignified manner, whilst keeping all safe, that this restriction of movement is for the minimum time possible and that relevant forms of communication are quickly sought. When the physical intervention involves a female child/ young person, a female member of staff will always be present and staff should be aware of issues around clothing.

5. PHYSICAL CONTACT

From the 'Use of reasonable force, Advice for Headteachers, staff and governing bodies, July 2013' document:

"Schools should not have a 'no contact' policy."

"It is not illegal to touch a young person. There are occasions when physical contact, other than reasonable force, with a young person is proper and necessary. Examples of where touching a young person **might** be proper or necessary:

- Holding the hand of the child at the front/back of the line when going to assembly or when walking together around the school;
- When comforting a distressed young person;
- When a young person is being congratulated or praised;
- To demonstrate how to use a musical instrument;
- To demonstrate exercises or techniques during PE lessons or sports coaching;
- To give first aid
- To assist with a child/ young person's personal care needs.

Physical contact may also be necessary for the purpose of care, instruction or physical intervention in response to some aspects of challenging behaviour (Please refer to the Intimate Care Policy for further detail).

Members of staff should always be able to justify resort to physical contact in any situation.

The nature of the contact should be limited to what is appropriate. Physical intervention should involve only the minimum force necessary to protect children and young people from harming themselves and others, or causing significant damage to property. Adult

help should, where possible, always be summoned. Where members of staff are required to use physical intervention, they should record the facts within 24 hours. A senior member of staff should also be informed.

Any physical contact made against a child/ young person's wishes may be seen as abuse and must be recorded.

6. USE OF SANCTIONS

As a registered independent non- maintained specialist school, the Sheiling School is governed by regulations under the Children Act 1989, which carries the force of law. Amongst the sanctions prohibited are those specified in the Department of Health, Education Act 1996 and the Children's Home (Behaviour Management and Discipline) Regulations 2015. These are set out in detail below. Any sanction imposed beyond those approved will be unacceptable and possibly illegal.

6.1 Prohibited Sanctions

The following sanctions **are those prohibited by law and may never be used** on any child/ young person in the school:

- Any form of corporal punishment
- Any punishment involving the consumption or deprivation of food or drink
- Restriction or refusal of visit/ Communication from family and/ or external authorities
- The use or withholding of medication, medical or dental treatment
- The intentional deprivation of sleep
- The imposing of a financial penalty- other than a requirement for the payment of a reasonable sum (which may be by instalments) by way of reparation
- Any intimate physical examination
- Withholding any aids or equipment needed by a child/ young person with a disability
- Any measure involving a child/ young person imposing any measure against another child/ young person
- Any measure involving punishing a group of children and young people of the behaviour of an individual child/ young person
- Seclusion is 'forcing a person to spend time alone". At the Sheiling School, no child/ young person is forced to spend time alone as a consequence of challenging behaviour or as a punishment. Any separation from a group of children and young people is carried out in the company or close proximity of a responsible adult.

In addition to these sanctions proscribed by law, the Sheiling School itself prohibits the use of the following:

- Threats of unacceptable punishments
- Any verbal or emotional abuse intended to humiliate or degrade a child/ young person, his/ her family or other important person- whether in relation to race, sex, religion or any other respect.
- Removal of curriculum entitlement for any reason other than health and safety
- Removal of earned rewards unless on health and safety grounds.

All sanctions permissible at the Sheiling School are set out in the following section.

6.2 Permitted Sanctions

Agreed sanctions may be used by staff teams to promote appropriate behaviour, and to help individual children and young people accept responsibility for their actions. Staff teams must regularly review the use of sanctions for each individual child/ young person to ensure that the child/ young person understands the impact of the sanction and that it is helping the child/ young person to positively learn and become more responsible. **If a sanction is not appropriate to an individual child/ young person, it should not be used**.

Guidance on the Use of Sanctions:

Sanctions should:

- Fit the appropriate behaviour
- Be seen to be fair in the eyes of children and young people and where possible discussed with them so that they know clearly what sanctions are and are not permitted.
- Not be seen as revenge or getting even.
- Be for a specific period where applicable
- Be used with thought/ consideration
- Be tailored to the individual.
- Be discussed with the staff team.
- Be applied as soon after the event as possible.
- Be regularly reviewed; if seen to be unworkable other methods explored and applied.

Agreed sanctions are divided into two categories:

- **A Sanction on Ground of Health and Safety**
  - On site and Off site
- **A Sanction on Non- Health and Safety Grounds**
  - A limited selection of approved sanctions involving agreement of the individual child/ young person (where possible), multi- agency team and the School's Senior Leadership Team.

Application of Sanctions on Grounds of Health and Safety- On/ Off Site

It is the school's policy that children and young people will be included in any educational or planned activity- whether on/ off site- if they are safe and able to do so. These things are not withdrawn as part of a particular sanction. If a child/ young person being part of a regular activity does not fit with the appropriate boundaries. The programme of support for the child/ young person will be reviewed by the staff team involved and may be withdrawn or changed following appropriate discussion with the child/ young person.

Sanctions on health and safety grounds relates to circumstances where a child/ young person is experiencing particular difficulties that is visibly expressed through anxiety and challenging behaviour which following a risk assessment by the staff team, is deemed a high risk to either the child/ young person, other children and young people, staff and/ or the General Public to engage in a particular activity or use of equipment that could present a health and safety hazard, lead to significant injury or property/ environmental damage.

Based on in the individual child/ young person's needs, such sanctions that the school would endorse are as follows and would apply both on/ off school site:

- **Time Away from Group or Activity**
    - This would typically involve a circumstance where a child/ young person was unable to manage the current curricular/ extra- curricular activity through exhibiting challenging and aggressive behaviour; thus putting themselves and others at risk.
- **Non- participation in School Curricular Activity**
    - This would typically involve a circumstance where a child/ young person has been and continues to exhibit very anxious, challenging and aggressive behaviour and following a dynamic risk assessment by the staff team, it is deemed unsafe for the child/ young person to engage in the school-curricular activity and an alternative, arousal- diffusing activity is implemented instead with key staff.
- **Non- participation in Extra- Curricular Activity**
    - This would typically involve a circumstance where a child/ young person has been and continues to exhibit very anxious, challenging and aggressive behaviour and following a dynamic risk assessment by the staff team, it is deemed unsafe for the child/ young person to engage in the extra-curricular activity and an alternative, arousal- diffusing activity is implemented instead with key staff.
- **Restricted Use of Equipment – that does not breach *Regulation 19 (2) (h)***
    - Following the misuse or intended misuse of a piece of equipment by a child/ young person exhibiting challenging, threatening and aggressive behaviour, and following a dynamic risk assessment by the staff team, it is deemed unsafe for the child/ young person to engage in the use of a particular piece of equipment. Examples of this would typically include the use of practical tools (ie: food preparation Gardening, Woodworking, Bushcraft tools), mechanical and electronic equipment (ie: digital devices or content used for recreational purposes).
    - In circumstances where a child/ young person is exhibiting aggressive/ threatening behaviour and threatens to damage or destroy a key supportive aid (ie: glasses, iPad, communication device), staff may be permitted to carry out a dynamic risk assessment with the expressed purpose of withdrawing the aid to safety until the child/ young person has returned to baseline behaviour in order to ensure that the child/ young person's ability to continue to utilise the supportive aid immediately after the incident is maintained.

<u>Application of Sanctions on Non Health and Safety Grounds</u>

Non- Health and Safety Sanctions are only to be used specifically with children and young people who can clearly understand the sanction and the reasons for its application in order to affect a positive learning opportunity or outcome for the individual concerned. Before any such sanctions can be applied, an individual child/ young person needs to:

1. Through assessment, clearly demonstrate capacity to understand causality of action and its effects,
2. Understand the reason for such a sanction through a consultation process.

3. The school must then obtain formal approval from the multi- agency support team of the individual as written within the child/ young person's Positive Behaviour Support plan.
4. The school staff teams are then trained and understand the circumstances when such a sanction may be applied and strictly adhere to the protocol of implementation.
5. School staff teams must demonstrate regular review of sanctions- its application, efficacy and impact assess positive outcomes when used.

Circumstances if deemed suitable where Non- Health and Safety Sanctions may be applied, would include sustained non- compliance of a reasonable request for engagement in curricular learning or following a significant incident of challenging and anti- social behaviour where damage and/ or harm has been caused by a child/ young person towards him/ herself, others and the environment he/ she is in. Based on the individual child/ young person's agreed needs, such sanctions that the school would endorse are as follows:

- **School Catch- up in Leisure Breaks**
    - Following sustained wilful non- engagement in school curricular work or to address issues of challenging and aggressive behaviour, a child/ young person may be requested to remain with a key Teaching staff member to catch up on missed work during one identified leisure break (ie: tea- break or lunch-break) for a set period of time. The child/ young person would have their lunch or snack while engaged in the Catch- up activity.
- **School Work Catch Up After School**
    - Following sustained wilful non- engagement in school curricular work or to address issues of challenging and aggressive behaviour and with prior consent from a parent/ guardian, a child/ young person may be requested to remain with a key Teaching staff member to catch up on missed work during one identified after school time for a set period of time. Where required, alternative transportation arrangements would be made prior to the sanction implementation.
- **Separate Social Activity**
    - Following a significant incident of challenging, aggressive and/ or anti-social behaviour where damage and/ or harm has been caused by a child/ young person towards him/ herself, others and the environment he/ she is in, a child/ young person may be requested to take part in a set- timed 1:1 social activity with a key staff member that is intended to positively address the underlying issues and behaviour arising from the incident.
- **Assist with Reparations following Property Damage**
    - Following a significant incident of challenging, aggressive and/ or anti-social behaviour where damage and/ or harm has been caused by a child/ young person towards him/ herself, others and the environment he/ she is in, a child/ young person may be requested to take part in assisting in an activity that makes reasonable reparations; this might include helping with tidying up damaged property or detritus following an incident, writing a card or drawing a picture for someone specific as a way of apology.

- **Assist with Reasonable Financial Reparations Following Property Damage**
    - Following a significant incident of challenging, aggressive and/ or anti-social behaviour where significant damage to school property or damage to property of another, in order to support the child/ young person with a learning opportunity and in conjunction with prior consultation and consent from parent/ guardian/social worker, the child/ young person responsible may be asked to financially contribute a reasonable sum in order to repair/ replace the damage caused. This can be affected as a lump- sum or in regular instalments for no longer than up to one month from the date of the incident.
- **Attend Panel Meeting with Senior Staff**
    - Following a significant incident involving challenging & aggressive behaviour or following a lengthy period of incidents with challenging & aggressive behaviour, in order to help the child/young person through a learning and reflective process, Department Heads, together with class teacher and key support staff with convene a panel meeting to discuss with the child/ young person his/ her behaviour and identify issues/ behavioural learning objectives to achieve.

All agreed sanctions- whether on Health and Safety or Non- Health and Safety grounds must be authorised and implemented according to agreed protocols outlined in the individual child/ young person's Positive Behaviour Support plan.
Following the implementation of any sanction, this must be recorded on the School's *BehaviourWatch* Incident recording system stating the circumstances that led to decision to implement the sanction, who made the decision, how was it implemented including duration and its efficacy.

Major Sanctions

In circumstances where a child/ young person engages in extreme and sustained levels of challenging, aggressive and anti- social behaviour- either during a singular episode or over a period of time that may harm/ cause harm to the child/ young person, staff and others, the Sheiling School may consider it necessary as part of a strategy of measures to impose a Major Sanction on the child/ young person responsible. Sheiling School regards the following as Major Sanctions:

- **Fixed Term Ban**
    - A fixed term ban may be considered on health and safety grounds or to support with affecting a positive learning outcome for a child/ young person where access to a non- essential piece of equipment/ or a facility is prohibited for a set period of time. This time- period must be deemed reasonable and proportionate in the circumstances and shown to uphold the best interests of the child/ young person concerned.
- **Internal Exclusion for 24 Hours**
    - Internal Exclusion for 24 Hours may be considered on health and safety grounds or to support with affecting a positive learning outcome for a child/ young person where the child/ young person is supported and supervised in a 1:1 programme in a place away from other children and young people following a very serious incident (ie: serious physical assault or absconding from the school premises)
- **Fixed Term or Permanent School Exclusion** (See Exclusion Policy for details)

All Major Sanctions that are considered will involve a consultation- process led by the School CEO together with members of the school's Senior Leadership Team (SLT) and depending on the context, may include external consultation of Governors, relevant parents/ guardians and professionals involved with the child/ young person and the school. The decision to implement a Major Sanction can only be applied by the school CEO or in his absence by joint consensus by the SLT and Chair of Governors.
Following the implementation of a Major Sanction, this must be recorded on the School's *BehaviourWatch* Incident recording system stating the circumstances that led to the decision to implement the sanction how was it implemented, the duration and its efficacy.

7. ATTACHMENTS

Staff members must share their concerns with a senior staff member if they suspect that a child or young person is becoming inappropriately attached to them or to another staff.

Similarly if a member of staff suspects or has evidence that a colleague is developing feelings or relationships to children and young people which might place them at risk of unprofessional behaviour they must share these concerns with a member of the Safeguarding Team at the earliest opportunity.

Policy	Date	By
Created on	07-12-2012	Nico Sialelli
Adopted by Council on	20-03-2013	All Trustees
Frequency of review	Annually	SLT Member(s)
Updated on	20-07-2018	Noah Black
Updated on	23-07-2019	Noah Black

8. APPENDICES

8.1 Appendix 1: Further Information on Challenging and Concern Behaviours

The Sheiling School provides care and education to a variety of young people with a range of complex needs and learning disabilities- many of whom express this through a number of complex behaviours which can include verbal and physical aggression as well as other behaviours that may be classed as "concern" behaviours; this can include behaviours such as uninhibited exposure to others of intimate areas of their bodies, inappropriate touching of others, sexual language and threats, use of racist & homophobic language, making [often unsubstantiated] allegations of abuse towards others.

All of the young people who are with us either have Education Health & Care Plans (EHCPs) or have a Statement of Special Educational Needs that clearly outlines their disabilities, additional needs as well as the manner in which these needs should be met.

Our provision is set- up to assess the individual young person's needs and to meet those needs at a realistic and achievable level for each individual by providing a tailored alternative educational and care provision that incorporates academic, social/ emotional and practical/ independence

skills development through both classroom and outdoor based learning environments as well as therapeutic approaches.

Some young people come to the Sheiling School with life- experiences that have left a traumatising impact on them, which may have deeply affected their self- esteem and where they may come to the school with a negative view of themselves, others and the world around them.

This can sometimes manifest itself through challenging behaviours which they can exhibit towards themselves and others- oftentimes as a form of communication to express their anxieties whilst often managing transitions from home to school, one school activity to another or perhaps other internal or external factors that could be affecting them at that given time.
These negative behaviours are often exhibited as a form of generating attention from others as to the level of distress they are in at that moment.
With concern behaviours- such as sexualised behaviours or use of racist or homophobic language from children and young people, they often do not have an underlying motivation linked with the type of behaviour (for example: sexual, racist, homophobic motivation) exhibited- but rather they are aware that such behaviours generate a reaction in those around them which when they are in crisis will maximise the attention they are seeking to get- even if the form of this attention manifests in a negative way.

As part of our approach to supporting our young people, we use a Positive Behaviour Support model- which focuses on "seeing through the behaviours" to establish what the underlying cause of the behaviour might be as well as the function the behaviour might serve in the context. We also then focus on reinforcing positive behaviour responses which will help form positive experiences for the individual which serves overtime to "re- wire" certain negative behavioural responses in social situations with more positive socially appropriate responses- including helping the individual to tune into her/ his emotional state to learn to use effective communication of needs/ anxieties instead of using negative behaviours to communicate this.

8.2 Appendix 2: Guidance on the Elevated Risk of Use of Restrictive Physical Intervention

Positional Asphyxia

This term has been used to describe deaths which have been attributed to an individuals' body position. Adverse effects of restraint include being unable to breathe, feeling sick or vomiting. Signs may include swelling to the face and neck, and petechiae (small blood-spots associated with asphyxiation) to the head, neck and chest. In order to breathe effectively, an individual must not only have a clear airway but they must also be able to expand the chest and stomach to draw air into the lungs.
At rest, only minimal chest wall movement is required and this is largely achieved by the diaphragm and intercostal muscles between the ribs. Following exertion, or when an individual is upset or anxious, the oxygen demands of the body increase greatly. The rate and depth of breathing need to increase to supply these additional oxygen demands. To achieve this additional muscles in the shoulders, neck, chest wall and abdomen are essential in increasing lung inflation. Failure to supply the body with additional oxygen demand (particularly during or following a physical struggle) is dangerous and may lead to death within few minutes, even if the individual is conscious and talking.

Any position that compromises the airway or expansion of the lungs may seriously impair a subject's ability to breathe and lead to asphyxiation. This includes pressure to the neck region, restriction of the chest wall and impairment of the diaphragm (which may be caused by the abdomen being compressed in a seated kneeling or prone position).

Some individuals who are struggling to breathe will 'brace themselves' with their arms: this allow them to recruit additional muscles to increase the depth of breathing. Any restriction of bracing may also disable effective breathing in an aroused physiological state. The fact that a person can

complain does not mean that they can breathe. There is a common misconception that, if an individual can talk, they are able to breathe. This is not the case. Only a small amount of air is required to generate sound in the voice box. A much larger volume is required to maintain adequate oxygen levels around the body, particularly over the course of several minutes during restraint.

A person dying of positional asphyxia may well be able to speak until they collapse. When the head is forced below the level of the heart, drainage of blood from the head is reduced. Swelling and blood spots to the head and neck are signs of increased pressure in the head and neck which is often seen in asphyxiation.

A degree of positional asphyxia can result from any restraint position in which there is restriction of the neck, chest wall or diaphragm, particularly in those where the head is forced downwards towards the knees. Restraints where the subject is seated require particular caution, since the angle between the chest wall and the lower limbs is already partially decreased.

Compression of the torso against or towards the thighs restricts the diaphragm and further compromises lung inflation. This also applies to prone restraints, where the body weight of the individual acts to restrict the chest wall and the abdomen, restricting diaphragm movement.

Pressure to the Neck

Necks are extremely fragile. Whiplash injuries are common. Some people with Down syndrome are especially vulnerable to serious damage in this area. No attempt should be made to hold a neck. No pressure should be placed on the neck to move head forward. This can damage the spine and restrict breathing.

Prone Holds

The Prone position is when a person lies on their front, usually with the head to one side. Any pressure placed on a person in this position can seriously compromise breathing. With the additional complication of obesity and exertion the person's own body weight may sufficiently restrict breathing to produce an adverse outcome. In a prone position restriction to the abdomen can prevent the lungs from fully expanding. Any restriction to the ribcage will exacerbate the problem. No pressure may be placed on the torso of a person in any Team –Teach ground recovery position. No techniques allow straddling the torso under any circumstances.

Supine Holds

The supine position is when a person lies on their back. With the additional complication of alcohol and/or vomiting this position may increase the risk of choking.

Seated Holds

In seated holds forcing the body forward into hyperflexion at the hips is likely to limit the expansion of the abdomen and restrict breathing. As in prone positions obesity and exertion will increase effect. Hyperflexion can also place a strain on the spine in older people. Young children can be extremely flexible and may throw themselves forward. In Tem – Teach seated holds the staff should allow the torso to come back to comfortable position naturally rather than follow the child into a hyperflexed position. Basket holds which involve the arms being pulled across the ribcage and locked under the armpit can severely restrict the expansion of the ribcage and impede breathing. Team –Teach techniques do not allow this. In the Team –Teach wrap the arms are not pulled but placed on the hips. For extremely obese children or those with short arms the Wrap may not be an appropriate response.

Standing Holds

Hyperflexion can be a risk in standing holds if the body is forced forward. Some standing holds involve forcing the shoulders forward. No Team –Teach techniques allow this. Some standing Basket Holds allow the child's arms to by locked under the armpits. In this position the expansion of the ribcage can be compromised. The Basket Hold is not an approved Team –Teach technique. In the standing Wrap the child's arms are not pulled but placed down at the hips to allow ribcage

and abdomen to expand normally. As in the seated position, if a flexible child throws their body forward, the staff do not follow but allow the body to return to a comfortable position.

Extreme Exertion

This can be a risk factor itself. An oxygen debt can build up over time in any form of restraint. Staff should always be ready to release at any signs of medical distress. In addition obesity, small stature, asthma, bronchitis, a blocked nose or a range of pre-existing medical conditions could impair breathing. A person under the influence of alcohol or drugs will present an enhanced risk. Alcohol or drug intoxication can affect the brain's control of breathing and an intoxicated individual is less likely to reposition themselves to allow effective breathing. Psychotic states and recent head injury are also associated with high risk. If in doubt call medical assistance immediately.

Warning Signs

During a restraint and in the period following clients must be monitored and supported closely. Danger signs include:

- Struggling to breathe
- Complaining of being unable to breathe
- Evidence or report of feeling sick or vomiting
- Swelling, redness or blood spots to face or neck
- Marked expansion of the veins in the neck
- Subject becoming limp or unresponsive
- Changes in behaviour either escalative or deescalative
- Loss of or reduced level of consciousness
- Respiratory or cardiac arrest.

Immediate Action

Release or modify the restraint as far as possible to improve breathing. Immediately summon medical attention and provide appropriate first aid in line with local policy.
Reference: Basic Team Teach Handbook v.2015/2018

8.3 Appendix 3: Guidance on the Use of Ground Recovery on the Back

At the Sheiling School, the use of Ground Recovery on the Back technique (TTGRB), also called "Back Ground Recovery" (BGR) hold, is only to be used as an absolute last- resort strategy under specific circumstances.
For the use of force to be reasonable it should be "in proportion to the consequences it is intended to prevent" and "the minimum needed to achieve the desired result".

There have been instances where children and young people whilst exhibiting high levels of crisis behaviour are reported to have deliberately taken themselves and a member of staff to the floor in order to continue to exhibit aggressive and harmful behaviour towards the recipient. Accordingly, it is sometimes unavoidable that physical interventions will be used on children and young people while there.
If particular children and young people tend to take themselves to the floor for such purposes, this fact needs to be taken into account in the risk assessments undertaken on such individuals and the strategies to avoid such situations set out in their individual Positive Behaviour Support & Risk Assessment Plans. However, prone holds should not be used other than in exceptional circumstances and there must be clear justifiable reasons why it is not possible to use alternative methods of physical intervention. The records of any incident involving the use of the prone position should always state that it was used and the reasons for this clearly set out.

It is likely that the use of ground recovery holds will be defensible if they are supported by a risk assessment that documents that other gradual and graded standing and seated techniques are ineffective and that a significant risk of harm (to staff, other children & young people or self) would be present if ground recovery holds were not used.

Employers are legally obliged to provide their employees with the necessary tools they need to maintain a safe working environment. This includes clear guidance and training.

For a very small number of children and young people displaying high- risk behaviours, Team-Teach Ground Recovery Holds, following the stated minimum safeguard standards will provide staff with a considered risk reduction framework.

Our aim is to work together to safeguard individuals and services. In ground positions, Team Teach distinguishes the strategies it is willing to support and endorse by the use of "recovery" characteristics as defined by the following criteria and protocols which should be established, written down and understood by staff who may require to either witness or physically participate in such high risk situations.

1. Staff likely to be involved in critical incidents requiring ground restraints must be both "authorised" and "trained" to an appropriate level. This will require additional training from Advanced Tutors following the basic 12 hour course.

2. Staff trained and authorised to use these advanced techniques must be refreshed and recertified on ground recovery skills within a 12 month period.

3. There should be a designated member of staff involved in the incident who has specific responsibility to safeguard the head of the child/ young person. They should protect the head during a controlled descent to the ground and continually monitor the airways, breathing and circulation.

4. In any ground position the person responsible for monitoring the child/ young person's welfare must be able to see the face.

5. The hold should cease immediately if symptoms of positional asphyxia are observed.

6. Individuals should NOT be held in a way that completely immobilises the child/ young person. The individual being held should be able to raise their chest slightly off the ground and move their hips when being held.

7. The head of the person being held should not be face-down but to one side.

8. The breathing of the person being held should not be restricted.

9. No direct and sustained pressure should be applied to the back, ribs or neck.

10. Staff must not straddle the child/ young person.

11. Children and young people with serious pre-existing medical conditions (congenital heart defects, severe asthma, obesity, epilepsy, cystic fibrosis, etc.) will need to have an assessment/medical carried out by a doctor/nurse to risk assess the likely impact of the use

of ground recovery holds. The preferred techniques should be demonstrated and explained. If the advice received is against using such responses, alternative actions/strategies and or placement should be considered.

12. Staff who are authorised and trained to use ground recovery techniques must be First Aid trained with the minimum of a nationally recognised one day qualification that includes recognising signs of physical respiratory distress, physical collapse and how to take appropriate action, including basic life support skills.

13. It is a requirement for staff expected to use ground recovery techniques to achieve a 100% pass in the Minimum Safeguards Standards test to show their knowledge and understanding of the elevated risks associated with ground holds and the Team-Teach protocols required to reduce those risks.

14. Staff should be provided with their own copy of the Team-Teach Minimum Safeguarding Standards and be given adequate time to study in the days leading up to the test. They should also have an opportunity to discuss the document on the day, before actually taking the test.

15. Staff will be allowed three opportunities for readjustment before deeming to have failed the test. Failure will disqualify individuals from using such techniques. All staff will be actively and positively supported in taking of the test, with readers provided if required.

16. Service settings should have a named person responsible for monitoring and evaluating the use of ground recovery holds on a 6-8 weekly basis. It is in the interests of all that a transparent reporting and recording process is in place. Services will be required to report these ground recovery figures to Team-Teach Ltd.

This data will remain confidential and will be used by Team-Teach for quality control, monitoring and over-sight purposes only. All returned email forms will be acknowledged. Should there be any concerns arising from the returns, the first action will be a telephone call and/or a support and development visit by a Senior or Principal Team-Teach tutor to the service setting concerned.

Highly Recommended

1. The aim is to maintain the Back Ground Recovery Hold for the shortest possible period of time to bring the situation under control. As soon as the situation is deemed calm enough opportunity should be given to the individual to rise to a seated position.

2. In order to facilitate recovery, once held on the ground, staff involved in Ground Holds should consider changes to personnel using the “Help Protocol”, the adjustment of the position held.

3. If the incident is not showing signs of a resolution after 15 minutes staff should conduct a dynamic risk assessment and consider the active involvement of others including outside agencies (e.g. parents, police, doctors, social services.)

4. If an individual requires repeated restraints within a 12 hour period staff should conduct a dynamic risk assessment and consider the active involvement of others including outside agencies (e.g. parents, police, doctors, social services.)

5. Team-Teach supported ground restraints (2/3 person Back Ground Recovery and ½ person Shield ground recovery positions) are only to be used as proportionate responses to exceptional elevated risk. Where risk is foreseeable all ground restraints should be planned and documented in a Positive Behaviour Support & Risk Assessment Plan.

6. At the earliest opportunity a soft material should be placed underneath the head to reduce the risk of grazing, with care being taken not to restrict breathing in any way.

7. Staff should be aware of the need to frequently readjust their own positions with slight movement so that they do not become fixed and rigid with their holding. In particular, in a 3 person front ground recovery hold, the person holding the legs should ensure that their arms do not become rigidly fixed around the child/ young person's lower legs.

8. Following a critical incident involving a ground recovery hold the individual should be observed at 5, 30 and 60 minutes intervals. Observations should be recorded and documented by staff with a minimum qualification of a 1 Day First Aid Certificate. Staff will be documenting observations related to the critical signs of breathing and circulation. This is especially important if the incident happens late at night close to bedtime.

9. Following a ground recovery hold a health check conducted by a suitable qualified person should be offered to the child/ young person. Evidence of this should be recorded via the incident report form. This health check should document observations regarding breathing, circulation and record any injuries.
10. Following a ground recovery hold staff should be appropriately supported and checked to see if they are composed and calm enough to resume duties or to travel home safely unescorted.

11. Individuals with pre-existing known emotional conditions resulting past physical or sexual abuse need to have this included in their risk assessment and positive handling plan. Holds that place such individuals in positions that remind them of flashback should be avoided and alternative strategies or provision considered.

12. The incident report for all ground recovery holds should contain details about the duration of the incident, the staff involved and whether they were authorised and trained in First Aid and Advanced Team-Teach techniques.

13. Injuries to any individuals involved should be reported and recorded. Marked body maps and photographs (taken with permission) should be attached/integral to the incident report.

14. Issues arising from the listening and learning process following an incident should also be recorded.

15. The following statement should be included in both local and corporate policy to support staff who act honestly, instinctively and in good faith as well as those who are seen to be working within policy guidelines and training framework:
    "Team-Teach techniques seek to avoid injury to the child/ young person, but it is possible that bruising or scratching may occur accidentally, and these are not to be seen necessarily as a failure of professional technique, but a regrettable and infrequent side effect of attempts to keep people safe".

16. Parents/placing agencies should be informed of the positive handling plan policy, the relevant preferred techniques and incidents involving ground recovery holds.

17. Governors, Directors and Trustees of organisations should have copies of the positive handling policy. One individual should be nominated to have oversight of ground recovery incidents and report figures at regular meetings.

18. The local Safeguarding Children Board should receive a copy of the service policy on positive handling and be invited to send a representative to staff training events.

19. As soon as possible during a Ground Hold an observer, acting as the guardian of the person being restrained, should be appointed. Their role is to monitor breathing, circulation. They should not be acting as guardian and physically involved in the restraining at the same time.

20. Staff working within service settings supporting individuals who display such high risk needs should have access to their own "in-house" or locally available Principal or Senior Tutor. The "in-house" advanced tutor can be centrally based, but should be available to provide support at short notice.
21. All critical incidents involving ground recovery holds should be reported to a "higher authority" outside of the local service provision. This should take place within 24 hours via a phone call or e-mail with written reports received no later than three working days following the ground recovery incident.

22. Within a service this "higher authority" should be a named person with responsibility for positive handling/physical intervention issues.

23. Within an independent service a named person within the placing authority should be contacted following a ground recovery hold.

Pressure to the Neck

Necks are extremely fragile. Whiplash injuries are common. Some people with Down syndrome are especially vulnerable to serious damage in this area. No attempt should be made to hold a neck. No pressure should be placed on the neck to move the head forward. This can damage the spine and restrict breathing.

Supine Holds or Restraints

The supine position is when a person lies on their back. With the additional complication of alcohol and/or vomiting this position may increase the risk of choking.

Extreme Exertion and Other Factors

Extreme exertion can be a risk factor in itself. An oxygen debt can build up over time in any form of restraint. Staff should always be ready to release and/or modify at any signs of medical distress. In

addition obesity, small stature, asthma, bronchitis, a blocked nose or a range of pre-existing medical conditions could impair breathing. A person under the influence of alcohol or drugs will present an enhanced risk. Alcohol or drug intoxication can affect the brain's control of breathing and an intoxicated individual is less likely to reposition themselves to allow effective breathing. Psychotic states and recent head injury are also associated with high risk.

If in doubt call medical assistance immediately.

Warning Signs

During a restraint and in the period following the child/ young person must be monitored and supported closely. Danger signs include:

- Struggling to breathe
- Complaining of being unable to breath
- Evidence of vomiting or report of feeling sick
- Swelling, redness or blood spots to face or neck (petechiae)
- Blue tinge to lips, nose or skin (cyanosis)
- Marked expansion of the veins in the neck
- Subject becoming limp or unresponsive
- Changes in behaviour either escalative or de-escalative
- Loss of or reduced levels of consciousness
- Respiratory or cardiac arrest

Immediate Action

Release or modify the restraint as far as possible to improve breathing.
Immediately summon medical attention and provide appropriate first aid in line with local policy.

Reference: Team Teach Advanced Training; "Response and Responsibilities Liberty & Ground Recovery Safeguards" Handbook v.2015/2018

8.4 Appendix 4: Procedures for Responding to Discriminatory Language from Pupils/ Young people

The Sheiling School has a three-tiered responsive approach to pupils/young people that use racist, misogynistic, homophobic and other discriminatory language.

1) **Immediate Response** - In a case where a pupil/young person is using racist, misogynistic or homophobic language, the immediate response will depend upon the responsiveness of the young person at that particular moment. It may not be appropriate to tackle the issue there and then, as there may be a risk of exacerbating the issue; as such there may be an element of 'planned ignoring'. *This does not however constitute an approach in itself, and must be combined with tiers 2 and 3 (see below).* Even where a degree of planned ignoring is used, it is essential that other pupils/young people, and especially those targeted, are removed from the vicinity where possible. In some instances of pupils/ young people using racist, misogynistic or homophobic language, a firm admonishment from staff will be effective and then it is the duty of relevant staff to step in and deal with issue immediately. Details of what will prove most effective will be outlined in individual pupil/young people's PBS plans.

2) **Proximate Response** - Since it often proves the case that pupils/young people are not most responsive during an incident of challenging behaviour, the issue must be addressed at the nearest available opportunity when the young person has returned to baseline levels of calm. It is essential

that pupils/ young people are challenged on their use of racist, misogynistic and homophobic language, though the nature of this challenge will depend on what approach works best for the pupil/ young person in question. Certainly there should be reflection on the feelings of the victim, but to what extent the impact of specific terminology is explored will depend on the understanding of the pupil/young person and the perceived intention in using such language. Some pupils/ young people clearly do not understand the actual meaning of certain offensive terms, but use them because they are known to 'have an effect'. In such cases, to discuss the meaning of the terms could actually load them with potentially greater impact (for example, simply talking about the context of racism and discrimination towards visible, religious and ethnic minorities can sometimes be inadvertently used as "fuel" by some of our SEND pupils/young people when they go into crisis [ie: they direct a racist term against a visible minority staff member as they now know it will cause more harm than they previously were aware of]). Again, specific approaches will be pupil/young person-specific and outlined in the children and young people's PBS plan.

3) **Broader Pedagogical Response** - Different pupils/ young people require very different approaches in the broader pedagogical approach to tackling the issues of racism, misogyny, homophobia and discrimination. No immediate reactive strategy is likely to be effective in the long term, although this does not discount the need for such strategies given the gravity of the issue. Possible pedagogical approaches include: emotional literacy lessons to address the issue of rage and 'acting out'; the use of social stories; lesson topics that address the history of slavery, women's struggle for equality, the history of immigration in Britain, political and historic aspects of homosexuality etc.; visits from police officers to outline the seriousness of the issue; the use of stories/ video resources etc. to engender empathy for the feelings of the victims of abuse.

There is a clear consequential path for pupils/ young people who *repeatedly* use racist, misogynistic or homophobic language:

1st incident of concerning behaviour
Agreed first and second tier responses as per PBS plan (see above)
Teacher calls home to inform parents/carers
'Concern' recorded on school's Behaviour Watch.

2nd Incident of concerning behaviour
As per 1st incident, with the addition of:
A meeting between the pupil/ young person and senior management
A time limited agreed strategy to monitor and reduce behaviours (eg. removal from social arena at key times)

Repeated incident of concerning behaviour
As per 1st incident with the addition of:
Where appropriate, parents/carers invited to a meeting with teacher and senior management (and including the pupil/ young person) to discuss strategies and explain that the next step is temporary exclusion.

Any further incident of concerning behaviour
As per 1st incident with the addition of:
Fixed term 1 day exclusion.

If concerning behaviour persists after this point, a fixed term 3 day exclusion may be considered and if deemed necessary, imposed.

The complexity of the issue combined with the complexity of the needs and challenges faced by the pupils/ young people of the Sheiling School means that there can be no singular path. Due

discretion is involved in all our dealings with challenging behaviour. However, the gravity of the issue requires that we treat it as a matter no less serious than any other safeguarding concern, which accounts for the seriousness of the consequences outlined above.

8.5 Appendix 5: Guidance on recording, reporting and information sharing to Multi- agency partnerships

Local Authority Involvement and Support:
As part of the Sheiling School's fulfilling its statutory duties of working in partnership with local authorities and relevant multi- disciplinary agencies, the school actively engages with relevant Local Educational Authorities (LEA) are the often the main funders of pupil/ young people's educational provision whilst at the Sheiling School. The funding for each pupil/ young person is directly informed by the pupil/ young person's EHCP and the Sheiling School's identified objectives to meet the pupil/ young person's needs in the EHCP.
In order for the LEA to ensure that the school provision is upholding its contractual obligations to meet the individual pupil/ young person's stated needs in the EHCP, they need to be directly involved in the review process as well as be informed of any arising matters issues and progress of achievement of the individual.
Likewise, if they are funding school transport as part of this provisional package, they need to be kept abreast of the suitability of the transport arrangements in place and where any issues may arise.

School Statutory Duties to Respond to Concerns from Children & Young People:
As a school working in partnership with parents/ guardians the LEA and other relevant external agencies (ie: social care/ health) around the pupil/ young person, the Sheiling School has a legal duty to ensure that information is shared in relation to pupil/ young person's welfare to those of responsible people that form the multi- agency team around the pupil/ young person. This includes significant episodes of challenging behaviour as well as any concerns that may meet the school's safeguarding threshold.
This is a statutory duty for which the Sheiling school as an educational establishment are closely scrutinised by the education inspectorate body Ofsted with regards to the school's management of safeguarding matters.
When concerns involving a pupil/ young person arise or information related to pupil/ young person in school is shared that meets the school's safeguarding threshold, part of the school's required procedures is that it is not for the staff team working with pupils/young people to judge the nature of the concern but rather that they report this promptly and factually to the school's Safeguarding Team; the school's Safeguarding Team is required to make an initial judgement as to the nature of the concern and report this externally where appropriate and necessary- such protocols are statutory requirements of all appointed safeguarding nominees in Education and Health & Social care establishments.
With concerns that relate to the home- environment or outside the school- setting, the Safeguarding Team also has a statutory duty to refer this externally- depending on the nature of the concern to the local authority Safeguarding body.

(For further information on this, please see our link to our Child Protection Policy for more details about this process of referral within South Gloucestershire.)

Incident/ Accident & Injury/ Concern Reports and Information Sharing with Parents/ LA/ Professionals:
When matters of health, welfare and safeguarding arise in school and the residential provision for our pupil/ young people, the school has a legal duty to document these events and share the information within the pupil/ young person's multi- agency team. These reports must be factual and objective- stating where, when and what took place, the behaviours exhibited and actions of support from staff. They are not recorded with the intention to judge or insinuate blame but rather

to serve as a factual record of the event and to be used to review the support in place for the pupil/ young person in order to- ultimately continue to promote a safe, positive and enriching educational provision for every young person. Sharing this information with the multi- agency team aids in this review process and supports transparent, collaborative practice between the school, parents/ guardians and other relevant professionals involved in the multi- agency team. ***(See Incident, Accident/Injury and Concern Reporting Guidance for further details on these processes)***

8.6 Appendix 6: Guidance on School Incidents that May Require Police Notification or Involvement

As part of the school's active partnership and collaboration with external agencies, there may be times- in rare circumstances- where the school is required to engage the services of the local police. Such circumstances may include crisis or emergency response services as follows:

- Where a crime is being/ has been committed.
- Where a child/ young person or other people have been harmed or are at risk of imminent harm.
- Where a crisis situation involving a child/ young person can no longer be safely contained or managed by school staff without police intervention.
- Where significant behavioural incidents involving children and young people from the Sheiling School and members of the public occur.

In such circumstances, staff will follow the school's concern procedures and staff may be required to contact the police emergency service (999) line; in circumstances where an incident with a child/ young person and others may be deemed necessary to report to police but where a threshold of harm has not been reached, the school's Safeguarding Team may still deem it necessary to notify police via the non- emergency service (101) line.

The Sheiling School will also establish links with local Police liaison officers who may on request visit the school for educational purposes to speak about specific and/ or requested topical issues to children and young people.